CENTER STATEMENT AND PLAN O	S FOR MEDICARE OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER 106027	(X2) MUL A. BUILD B. WING	STRE	ONSTRUCTION EET ADDRESS, CITY, STATE, ZIP COD NORTH SEMORAN BOULEVARD	FOR OMB N	D: 02/09/2017 M APPROVED O. 0938-0391 ATE SURVEY DMPLETED R-C 1/20/2017
	AT ORLANDO INC	TEMENT OF DEFICIENCIES	ID	ORL	ANDO, FL 32807 PROVIDER'S PLAN OF CORRE	ECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE
{F 000}	INITIAL COMMEN	TS	{F 0	00}			
	#2016013398 were	at Orlando was not in CFR 483 and 488, ng-term care facilities. dy was identified starting on is ongoing. was notified of Immediate					
	Jeopardy was cond Immediate Jeopard	erify removal of Immediate ducted on . The duy was removed as of the date f removal of immediacy,					
	deficiencies was lo harm with potentia physical, mental, a residents due to th a plan of correction be put into place to practice will not rea	I for no more than minimal nd/or psychosocial harm to e need to develop and submit n to include what measures will e ensure that the deficient our and how the facility plans to hance to make sure that					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous yersions Obsolete Event ID: WZ3B12

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		AND HUMAN SERVICES					0. 0938-0391
		& MEDICAID SERVICES					ATE SURVEY
	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION	CC	MPLETED
		106027	B. WING				R-C 1/20/2017
NAME OF E	PROVIDER OR SUPPLIER		`T	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC		- 1	2000	NORTH SEMORAN BOULEVARD		
AVANIE	AT OKLANDO INC			ORL	ANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
{F 000}	Immediate Care F281 §483.21(b)(3 Professional Stand F309 §483.24, 483 for Highest Well Be F386 §483.30(b)(1 care/notes/orders	dmission Orders for) Services Provided Meet ards .24(k)(I) Provide Care/Services	{F 0	00}			
	consult with the reconsistent with his representative(s) v (A) An accident in results in injury an physician intervent (B) A significant ch mental, or psychos deterioration in heat status in either lifeclinical complicatio (C) A need to alter a need to discontir treatment due to a	of Changes. In mediately inform the resident; sident's physician; and notify, or her authority, the resident when there is- rolving the resident which is the potential for requiring ion; long in the resident's physical, social status (that is, a aith, mental, or psychosocial threatening conditions or	{F 1	557}			
		ansfer or discharge the acility as specified in					

PRINTED: 02/09/2017

		AND HUMAN SERVICES			FORM APPROVED OMB NO. 0938-0391
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION HING	(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C
NAME OF E	PROVIDER OR SUPPLIER	L	1	STREET ADDRESS, CITY, STATE, ZIP C	ODE
TO INIC OT 1				2000 NORTH SEMORAN BOULEVAR	RD
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807	
		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		
(F 157)	Continued From pa	age 2	{F 1	57}	
		otification under paragraph (g)			
		on, the facility must ensure that ation specified in §483.15(c)(2)			
		wided upon request to the			
	physician.	vided apon request to the			
		st also promptly notify the			
	resident and the re when there is-	sident representative, if any,			
	(A) A change in as specified in §48	assignment 3.10(e)(6); or			
		sident rights under Federal or tions as specified in paragraph on.			
	() The facility mus	st record and periodically			
ĺ		(mailing and email) and			
		he resident representative(s). NT is not met as evidenced			
	by:				
		w, record review and policy		This Plan of Correction cor	
		failed to notify an interested		facility's written allegation of for the deficiencies cited. H	
1	family member reg	residents reviewed for		submission of this Plan of C	
	services for 1 014	residents reviewed to		not an admission that a def	
				or that one was cited correct	
	Findings:			of Correction is submitted to	
	-			requirements established b	y state and
		ischarged from the Long Term		federal law.	
		H) and admitted to the facility		E 455 North of	
1		iagnoses including Chronic		F 157. Notify of	
		ependence on (kidney)		changes/Injury/Decline/ 1. Immediate actions take	,
	Sporal Posion and			Resident # 4 was a closed	
	Sacral Region, and the clinical purifica	tion of to substitute for		longer resides in the facility	
		mal kidney function and anoxic		During survey conducted	· .

DADTMENT OF LICALTHAND HUMAN CCDVICES

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		AND HUMAN SERVICES			OMB NO. 0938-0391
		& MEDICAID SERVICES			(X3) DATE SURVEY
AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE	LTIPLE CONSTRUCTION DING	COMPLETED
		106027	B. WING		R-C 01/20/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE
				2000 NORTH SEMORAN BOULEVAR	D
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION S	SHOULD BE COMPLETION
(F. 167)	O	2	(F.4	1.77	
{F 15/}	Continued From pa		{F 1		
		e lack of for several		2016 through	
	minutes or longer	cells begin to die after		, 2017, the medica	
	approximately 4 mi			residents on were re-	
	(Oxford dictionary)			DON and RN corporate nurs	
	Desimontation fee	m the LTCH's Nonbrologist's		determine if any changes in o occurred that were not comm	
	(kidney doctor) ord	m the LTCH's Nephrologist's ers. dated / through		the resident representative a	
		that resident #4's laboratory		Physician/Nurse Practitioner	
		vere being closely monitored to		confirmed that all changes in	
		tion and frequency of the		had been appropriately comr	
		, treatments. The LTCH		the resident representative a	
	Discharge Summa			Physician/Nurse Practitioner	
		y function was being closely		appropriate, for all residents	
		would be discharged from the		Identification of other res	idents having
		unction tests are common lab		the potential to be affected:	_
	tests used to evalu	ate how well the kidneys are		Director of Nursing (DON) or	designee
	working." (medline	plus.gov). The physician		continued from , 20	017 and
	addressed with res	ident #4's family the diagnosis		onward, reviewing new order	rs of current
	of due to C	Chronic Kidney , the		residents and residents on a	t risk for
	need for	, and the need to be		change in condition to deterr	
		rologist. The family voiced		were any changes in condition	
		wished the resident be placed		occurred that were not comn	
		facility for further care.		resident s responsible party	
		lent's medical records from the		Physician/Nurse Practitioner	
		al any discussion with the		confirmed that all changes in	
	family regarding dis	scontinuation of		had been appropriately com-	
		7 D14 (b - 11 - 41)4(b b		the resident representative a	
		7 PM, the North Wing unit		Physician/Nurse Practitioner	
		ensed Practical Nurse (LPN) A was the nurse who took the		appropriate, for all residents 3. Actions taken/systems p	
		Practitioner (NP) C for resident		to reduce the risk of future o	
		in-house on		Director of Nursing (DON) or	
		and Saturday to start on		finalized reeducation on	, 2017
		Iso confirmed that she took		to all licensed nurses, social	
	another order from			dietary CDM and rehab staff	
		aid that typically when there is		483.10(g) (14) notification of	
		f care, the resident's		Director of Nursing (DON) or	

representative is notified. However she could not recall if the family or resident representative was

continue to follow its current process,

through white board process (clinical

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R-C 106027 B. WING 01/20/2017 NAME OF PROVIDER OR SUPPLIEF STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL. 32807 SHMMARY STATEMENT OF DEFICIENCIES (YA) ID PROVIDER'S PLAN OF CORRECTION 1D CXS PREEIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DDEELY (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 157) Continued From page 4 (F 157) ever notified regarding the hold order review for new admissions chart. physicians orders consults acute The facility failed to follow the "Resident Rights" change in condition, labs, and risk policy, dated 2016, which read, "Planning and management) and review orders daily. implementing, the resident has the right to be through existing TLC program, rounds informed of and participate in his or her conducted by nursing management team treatment, including: a. The right to be fully with focus on clinical needs and customer informed in language that he or she can service. on current facility residents at understand of his or her total health status least three times weekly, will continue to including but not limited to, his or her medical identify new changes in condition and condition, iii. The right to be informed, in advance ensure resident representative and of changes to the plan of care." physician/Nurse Practitioner is notified immediately in compliance with S was placed on hold for seven (7) 483.10(a) (14) days from through · without any 4. How corrective action will be

evidence that a discussion had taken place with an interested family member or resident representative regarding an alteration in the treatment, which is needed to

sustain life

On at 9:32 AM via telephone, the LTCH Nephrologist indicated he had written the order on to hold Resident #4's based on the laboratory value for which was normal at that time. ' has been found to be a fairly reliable indicator of kidney function." (medicinenet.com). The Nephrologist said, he had not had a conversation with the family regarding the discontinuation of , and she would have needed more

labs ordered at a later date to make the decision if anymore was necessary. (F 271) 483.20(a) ADMISSION PHYSICIAN ORDERS

SS=D FOR IMMEDIATE CARE

(a) Admission orders

monitored: The Director of Nursing (DON) or

designee will review orders at least three times weekly and participate in TLC rounds at least two times weekly to ensure all new changes in conditions are identified and communicate to resident representative and Physician/Nurse Practitioner in compliance with S 483.10(g) (14). The Director of Nursing (DON) or designee will review results of review conducted as part of facility QAA/QAPI

monthly for three months, quarterly for six months, then randomly thereafter.

{F 271}

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 02/09/20 FORM APPROVE OMB NO. 0938-039
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		106027	B. WING_		R-C 01/20/2017
NAME OF	PROVIDER OR SUPPLIER		T	STREET ADDRESS. CITY, STATE, ZIP CODE	
AVANTE	AT ORLANDO INC		- 1	2000 NORTH SEMORAN BOULEVARD	
				ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE COMPLÉTICI
{F 271}	Continued From pa	ne 5	{F 27	11	
()		sident is admitted, the facility	{F 27	1)	
	must have physicia	n orders for the resident's			
	immediate care.	in orders for the resident's			
	This REQUIREMEN	NT is not met as evidenced			
	by:				
		eview and interview, the facility		F 271 Admission Physician orde	r for
		ission physician orders for		immediate care.	
	immediate and ess	ential care regarding life		 Immediate actions taken: 	
	sustaining care and reviewed for	services for 1 of 4 residents		Resident #4 had a closed chart a	ind no
		ation of the resident's condition		longer resides at the facility.	
		e-hospitalization within 8 days		During survey conducted on	
	of admission to the	facility. The resident received			2016 and
	hospice care within	5 days of transfer to the acute		on , 2017, the medical of all residents on were r	
	care hospital and ex	pired.		of all residents on were r by the DON and RN corporate no	
	,			Medical records review included	
	The facility's failure	to obtain orders to monitor		not limited to all records received	from
	kidney status for the			discharging facility (hospital or LT	ACH).
		te Jeopardy staring on		and those generated at Avante a	
	This defic	ciency resulted in Substandard		including history and physical,	
	duality of Care. Im	mediate Jeopardy was		consultation notes, /OT/ST	
	determined to be or	igoing as of .		evaluations/progress notes, activ	
	Findings:			lists, medication orders, treatmer	
	i ilidings.			Physician progress notes,	flow
	Cross Reference to	F309, F281, and F386.		sheets, admission orders and interplans to determine if there were a	
		scharged from the Long Term		residents that did not have orders	
	Care Hospital (LTC)	and admitted to the facility		immediate care. Review confirme	
	on , with dia	agnoses including Chronic		residents on had orders t	
		pendence on		address immediate care.	
	Anoxic Damag			On , 2016 the Admi	
		" is the		directed the Admissions Coordina	
	clinical purification of	f to substitute for the kidney function, and Anoxic		External Marketer to cease admis	
	damage is the	lack of for soveret		new residents whether th	-
	minutes or longer.	lack of for several cells begin to die after			house or
	managed or longer.	cons pegin to the after		out-patient. This hold with remain	ın effect

approximately 4 minutes without "

until the facility receives written clearance

and confirmation of its substantial

compliance.

		AND HUMAN SERVICES			PRINTED: 02/09/201 FORM APPROVE OMB NO. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C 01/20/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
AVANTE	AT ORLANDO INC		- 1	2000 NORTH SEMORAN BOULEVA	ARD
AVAINTE	AT ORLANDO INC			ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLÉTION E APPROPRIATE DATE
(F 271)	Continued From pa	nge 6	{F 27	741	
()		H History and Physical, dated	{F 21		
		n nistory and Physical, dated she was receiving		The Medical Director was r citations on	notified of 2016 and
		nents since her admission to		again on , 2017.	2016 and
		. The most current		, 2017.	
	documentation of the	ne treatments		Identification of other r	esidents having
	was on the "Mobil	Run		the potential to be affected	
	Sheet", dated	, and		Director of Nursing (DON)	or designee
		sheets indicated that she		continues to review current	
		eatments up until the time she)17 and
	was admitted to the			onward, medical records re	
	exception of a 1 tim	e hold order on		included but was not limite	
	The resident's LTC	H Discharge Summary, dated		received from discharging or LTACH), and those gene	
		that she was followed by a		Avante at Orlando includin	
		ey doctor) while at the LTCH.		physical, consultation note	
		, and discussion with the		evaluations/progress notes	
	family indicated the	y wanted her to be transferred		lists, medication orders, tre	
	to a skilled nursing	facility for further care.		Physician progress notes,	flow
				sheets, admission orders a	
		ly's admission physician		plans to determine if there	were any
		notes for resident #4, dated		residents that did not have	
	the resident was to	ontain any documentation that		immediate care. Review o	
		receive any or		all resident had orders to a	ddress
	function.	rk (labs) to monitor kidney		immediate care. 3. Actions taken/systems	
	idilottori.			to reduce the risk of future	
	On at 2:57	7 PM, Licensed Practical		to reduce the risk of fatale	occurrence.
		that she called the physician		On . 2016 the	Director of
	on call on	to obtain admission orders for		Nursing (DON) or designed	
	She	said Nurse Practitioner (NP)		re-education to all 26 licens	
	C was taking calls f	or the primary care physician		and all scheduled contracte	ed licensed
		btained orders from NP C for		nurses on the process of re	
		: 3 times a week for said she obtained additional		verification of orders includ	
		orders from NP C on 1/		as well as completion and i	
		was to start, to hold		interim care plans within 24 admission. The education	

placed on hold before it started.

was to start, to hold

treatments. LPN A was unable to verbalize why

resident #4's was ordered and then

admission. The education also included

care of the resident on and

address hold orders including diagnostic

the critical thinking skills needed to

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DATE

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DESIGNATION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R-C 106027 B WING 01/20/2017 NAME OF PROVIDER OR SUPPLIES STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID DROVIDER'S BLANCE CORRECTION tΩ (25) FACH DESICIENCY MILET BE DESCRIBED BY SHILL COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE

(F 271) Continued From page 7

TAG

Review of the physician orders, dated Wednesday confirmed an order was taken by LPN A from NP C for in-house every Tuesday, Thursday and Saturday for resident#4's diagnosis of

REGULATORY OR LSC IDENTIFYING INFORMATION)

is when the kidneys are no longer able to work at a level needed for day to day life," (medlineplus.gov).

Review of the physician orders, dated 1/ confirmed LPN A took another order from NP C. to hold for 7 days, starting 11/ . The orders did not include any labs to monitor the resident's kidney function while she was not receiving any

at 1:10 PM, the Director of Nursing On (DON) confirmed that resident #4 was admitted to the facility on from the LTCH, and the facility had documentation that this resident was receiving services from a Mobil prior to her admission to the facility. She said her last treatment for (HD) at the LTCH per the run sheets, and a physician progress note indicated that HD was on hold for

Review of the LTCH orders and notes, dated / through revealed resident #4's labs were being closely monitored to determine duration and frequency of the treatments. There was a one-time

order to hold , give , and obtain a BMP on , A Basic Panel (BMP) is a test that measures sugar (Glucose) level, electrolyte i) and fluid balance, and kidney

function (WebMD.gov).

(F 271)

TAG

tests and monitoring. The Director of Nursing (DON) or designee completed re-education on 1, 2017 to all licensed nurses on S483.20 (a). Director of Nursing (DON) or designee will continue to follow its current process, through the white board process (clinical review for new admissions chart. physicians orders consults acute change in condition, labs, and risk management) reviewing orders daily in morning clinical meeting and reviewing orders for all new admissions to ensure residents have orders for immediate and

essential care regarding life sustaining

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

4. How corrective action will be monitored:

care and services.

The Director of Nursing (DON) or designee will audit the daily review of newly admitted residents at least three times weekly to ensure that newly admitted residents have orders for immediate care and essential care regarding life sustaining care and services

The Director of Nursing (DON) or designee will review results of audits conducted as part of facility QAA/QAPI monthly for three months, quarterly for six months then randomly thereafter.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2017 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R₋C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AVANTE AT ORI ANDO INC

(X4) ID

DREED

TAG

2000 NORTH SEMORAN BOLL EVARD

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPRODRIATE

DEFICIENCY

ORLANDO, FL 32807

/VE COMPLETION DATE

(F 271) Continued From page 8

TAG {F 271}

PREFIX

A telephone interview was conducted on at 9:32 AM with the Nephrologist who treated resident #4 while at the LTCH regarding his order to hold The on Nephrologist indicated he had written the order on to hold based on the most recent lab value for which was normal The level shows how well your kidneys are working. A high level may mean kidneys are not working as they should (WebMD.gov). He said that no conversation had taken place with the family regarding the discontinuation of because there would have needed to be more labs at a later date to make the decision regarding the frequency of treatments. The Nephrologist also indicated he was not made aware of resident #4's discharge , and would have continued close monitoring, additional labs, and sessions

SUMMARY STATEMENT OF DECICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

A review of the lab results from the LTCH dated at 1:55 AM, indicated the resident's was no longer in the normal range, and was elevated

at 11:11 AM. NP C confirmed that he gave admission orders for . 3 times , and then changed it to per week on on I/ . NP C said that he gave the orders based on the information provided to him via a telephone call from the facility staff on and / , but could not provide details of the information provided. After reviewing the resident #4's medical records on , NP C stated, "I cannot not find any

evidence that the LTCH had any intention to stop

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDERSUPPPLETRICIA
IDENTIFICATION NUMBER:
AB BUILDING

(X2) MULTIPLE CONSTRUCTION
A BUILDING

(X3) DATE SURVEY
COMPLETED

R-C

106072

NAME OF PROVIDER OR SUPPLIER

AVANTE AT ORI ANDO INC

(YA) ID

PREFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY

2000 NORTH SEMORAN BOULEVARD

ORLANDO, FL 32807

(X5) COMPLETION DATE

{F 271} Continued From page 9

this resident until :/

(resident #4's) , and had I known that was only on hold for one day at the LTCH, I would have ordered a STAT (immediate) consult and Basic : Panel. I can only base my decisions on the information rovided to me by the facility since I did not see

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION!

On at 3 PM, the DON confirmed that the facility received an initial referral via FAX on 11/01/16 from the LTCH regarding resident #4's admission to their facility and that they were aware that it was undecided as to whether or not the resident would be getting at their facility. The DON said that the resident did not have a nephrologist when she entered their facility on because she was not getting anymore. The DON stated, "the Nurse Practitioner should have ordered the consult and I should have probed the primary care provider regarding, how do you want us to

handle this since the resident's

hold?"

Review of the acute care hospital "Physician Consultation", dated 1/ the day resident #4 was sent to the hospital from the Skilled Nursing Facility, revealed the resident was assessed to have Severe Azotemia and Uremia causing the resident to have a change in mental status. Acidosis from possible and missing , along with hyperkalemia (high :) from Failure and Acidosis. The physician placed an order for resident #4 to begin (immediately) with prognosis listed as poor.

Resident #4's "Physician Consultation", dated

TAG {F 271}

PREFIX

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER

AVANTE AT ORLANDO INC

/Y/\ ID

PREFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD

ORLANDO, FL 32807

PROVIDER'S PLAN OF CORRECTION /YES (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

{F 271} Continued From page 10

hospital from the SNF reflected the resident had "Severe Azotemia and Uremia causing resident to have a change in mental status. Acidosis from nossibly and Missing

SUMMARY STATEMENT OF DEFICIENCIES

/EACH DESICIENCY MUST BE DESCEDED BY SUB-

REGULATORY OR LSC IDENTIFYING INFORMATION)

along with Hyperkalemia from Failure and Acidosis. The physician ordered Resident #4 to begin immediately with the prognosis of "POOR". Azotemia means "insufficient kidney filtering." (Azotemia.net). Uremia is a "serious complication of chronic kidnev when urea and other waste products build up in the body because the kidneys are unable to eliminate them." (WebMD.com). Acidosis "is a condition in which there is too much in the body fluids ' (Medlineplus.gov). The resident received hospice care within 5 days of transfer to the acute care hospital on / i, and expired on

Review of the facility policy "Admission Orders", dated 2014, read, "The facility will obtain physician orders for the immediate care of the resident upon each admission to ensure the resident receives necessary care and services "

Resident #4 did not receive the necessary care and services regarding which is needed to sustain life. Review of the facility records from . to 1/ revealed that at no time during her stay at the facility were any orders for essential care obtained for consult or labs to monitor her kidney function after the was placed on hold.

The facility implemented sufficient measures to remove the immediacy and decrease the severity/scope as of 1/ ', but the facility remains out of compliance with F271. The severity and scope of the deficiency was lowered (F 271)

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		AND HUMAN SERVICES				FORM APPROVED MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING			R-C
	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE O NORTH SEMORAN BOULEVARD	
AVANTE	AT ORLANDO INC				LANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
{F 271}	Continued From pa	ge 11	{F 2	71}		
	to D- , no ac	tual harm with potential for no	ν -	,		
	, the plan of	harm to residents. As of correction was not submitted				
		y's plans to fully implement, ce, and evaluate the				
	effectiveness of the sustained complian	eir action plans to ensure				
	483.20(g)-(j) ASSES		{F 2	78}		i/ ·
		sessments. The assessment lect the resident's status.				
	(h) Coordination A registered nurse reach assessment w participation of heal					
	(i) Certification (1) A registered num the assessment is o	rse must sign and certify that completed.				
		who completes a portion of the sign and certify the accuracy of ssessment.				
	(j) Penalty for Falsif (1) Under Medicare who willfully and known	and Medicaid, an individual				
	resident assessmer	ial and false statement in a nt is subject to a civil money than \$1,000 for each				

(ii) Causes another individual to certify a material and false statement in a resident assessment is

CENTER		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	Lovovana	TIPLE CONSTRUCTION	PRINTED: 02/09/201 FORM APPROVEI OMB NO. 0938-039 (X3) DATE SURVEY
	F CORRECTION	(DENTIFICATION NUMBER:		DING	COMPLETED R-C
		106027	B. WING		01/20/2017
NAME OF	PROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP COD	E
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFE TAG		OULD BE COMPLETION
{F 278}	Continued From pa	ge 12	(F 2	78)	
	subject to a civil mo \$5,000 for each ass	oney penalty or not more than sessment.	,	•	
	material and false s This REQUIREMEN	ement does not constitute a statement. NT is not met as evidenced			
	failed to accurately	eview and interview, the facility assess the status for dents reviewed for		F 278 Assessment Accuracy/Coordination/Certifie 1. Immediate actions taken: Resident #4 had a closed char longer resides at this facility.	
	Findings:			An audit was conducted on 2017 of the Special services s	ection of the
	Review of MDS) 5 Day asses indicated that durin while not a resident the following specia programs: care. assess the resident the 14-day lookbac i to	g the 14-day lookback period and while a resident; she had il treatments, procedures, and suction and The MDS nurse did not		MDS for all residents on reviewed by MDS Co-coordina ensure that all services listed to Special Services section of the accurately coded. The audit a confirmed that Special Service for all reviewed residents were coded. 2. Identification of other resident potential to be affected: The facility MDS Coordinator reurrent residents that receive to current residents that receive to the residents that receive to the services and the services are the	were and to
	revealed the preser dated , from the Long Term			services on 2017 accurate coding on the MDS confirmed that all residents h reviewed had accurate MDS c 3. Actions taken/systems put to reduce the risk of future occ The MDS coordinator will conc	MDS oding. Linto place currence:
		5 PM, MDS Coordinator H did the assessment for 1/ She said she saw		of all new residents MDS for S services weekly for eight week randomly thereafter.	pecial

kidney

. Dependence on

the resident on // and noted that she had a

was included in the diagnosis

4. How corrective action will be

monitored:

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 02/09/2013 FORM APPROVED DMB NO: 0938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	ILTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C 01/20/2017
	PROVIDER OR SUPPLIER AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI FIX (EACH CORRECTIVE ACTION SHOUL	DBE COMPLETION
	said she did not kno last treatmed did not see any record, she then as in the 14-da treatments, procede	ssment. MDS Coordinator H by that the resident had her ent on, and since she flow sheets in the medical sessed the resident as no ay look back period for special	{F 2	designee will review the MDS aud weekly for eight weeks to ensure special services section is coded accurately. The Director of Nursing (DON) or designee will review results of au part of the facility QAA/QAPI morn three months and then randomly thereafter.	MDS dits as
	PROFESSIONAL S (b)(3) Comprehens The services provide	TANDARDS	, 2	۵,	"
	This REQUIREMEN by: Based on interview review, the facility fi meet professional s sampled residents it treatments (#4). The resident's concrequiring hospitalizad admission to the fa hospice care within care hospital and e	to monitor kidney status to		F 281 Services provided meet professional standards. 1. Immediate actions taken: Resident #4 had a closed chart at longer resides at this facility. During survey conducted 2016 through 2016 through 2017, the medical rect	s and on ords of ewed by ,, records iited to, g facility enerated tory and

deficiency resulted in Substandard Quality of

Care. Immediate Jeopardy was determined to be

physical, consultation notes, //OT/ST

evaluations/progress notes, active drug

Facility ID: 74809

lists, medication orders, treatment orders.

		AND HUMAN SERVICES & MEDICAID SERVICES				02/09/201 APPROVEI 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		E SURVEY PLETED
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		106027	B. WING		01/	20/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
{F 281}	Continued From pa	ige 14	{F 28	:1}		
	ongoing as of Findings:			Physician progress notes, sheets, admission orders and in plans to ensure that immediate		
	Florida Board of Ni. 464.003 (3)(a)(1)(2) professional nursin those acts requiring knowledge, judgme upon applied princi biological, physical, shall include, but nobservation, asses planning, interventi health teaching and or informed; and the maintenance of her of others. (2) the act and treatments as duly licensed practic of this state to substreatments, (3) the other personnel in the other personnel in the professional state of the present of the programments.	ursing, Nurse Practice Act,), states that "The practice of g means the performance of substantial specialized int, and nursing skill based ples of		needs were met and that facility monitored kidney status to iden need for All recol reviewed confirmed there was e appropriate monitoring of kidney and all care needs were met. On 2016 the Admissions Coordi External Marketer to cease adm new residents whether tresident would receive out-patient. This hold with rema until the facility receives written and confirmation of its substanti compliance. The Medical Director was notificitations on 2016.	ify the rids vidence of y status ininistrator nator and itsission of he n-house or in in effect clearance al	
	hospital (LTCH), da Resident #4 was ho vehicle accident an The resident was in Anoxic lack of inadequate	ntation from a long-term care ted indicated spitalized after a motor d apparent tubated and suffered an Anoxic is "the for several minutes or begin to die after		 Identification of other reside the potential to be affected: On , 2016 the Dire Nursing (DON) or designee init re-education to all 26 licensed s and all scheduled contracted lic nurses on the process of receip verification of orders including h as well as the completion and re interim care plans within 24hrs admission. The education also 	ector of iated taff nurses ensed t and old orders eview of	

assessed to be in Acute

(Oxford dictionary). Resident #4 was also

daily load of toxins in the " (Oxford

means "the kidneys are unable to excrete the

and in need of . Acute

(kidney) Failure,

the care of the resident on

including diagnostic tests and

Facility ID: 74809

and the critical thinking skills need to

monitoring. All licensed facility staff

address hold orders specific to

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		AND HUMAN SERVICES			FORM APPR	
		: MEDICAID SERVICES			OMB NO. 0938	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION NG	(X3) DATE SURV COMPLETE	/EY D
			1		R-C	
		106027	B. WING		01/20/20	17
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BOULEVARD)	
ATAITLE	AI OILLAIDO IIIC		İ	ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMP	X5) PLETION
/F 281\	Continued From pa	00.15	{F 28	43		
11 2013			{F 28	•		
	dictionary).	is "a process of		nurses were re-educated as		
	puritying the	of a person whose kidneys are		10, 2017 and all contracted n		
	history and physica	ly." (Wikipedia). The LTCH Indicated the		re-educated prior to being pla	iced on an	
	plan was to continu			assignment. The Director of Nursing (DOI)	n	
	incorporate the ser			designee continues to review		
		that deals with the kidneys		current residents on	2017 and	
	(thefreedictionary.c			onward to ensure that the fac		
		lical specialty that is		monitoring residents	process	
		diagnosis and treatment of		with standards that meet prof		
		eedictionary.com/),		standards as stated in the Nu		
		ident for kidney function.		Act S464.003 (3) (a) (1) (2). reviewed confirmed there wa	All records	
	The LTCH follow-up	plan was to continue		the appropriate monitoring ar		
		corporate the services of		management of residents		
	and	and monitor the		processes.		
	resident for kidney	function. Review of the LTCH		,		
	orders			Actions taken/systems pr	ut into place	
		Resident #4's labs were being		to reduce the risk of future or	currence:	
		determine duration and		The Director of Nursing (DON		
	frequency of the	treatments.		designee initiated re-education		
				, 2017 to all licens		
		l "Discharge Summary", dated		standards that meet profession		
		Resident #4 had been closely Id be discharged from the		standards as reflected in the		
		lursing Facility (SNF). A		Practice Act S464.003 (3) (a)		
		ducted with the family		nurses that have not received re-education on		
	addressing diagnos			re-educated prior to being pla	2017 will be	
		ng with the need for		assignment. The Director of		
		be followed by the kidney		(DON) or designee will contin		
		voiced understanding and		the white board process (clini		
	wished to get the re	sident to a SNF for further		for new admissions chart, ph		
	care.			orders, consults, acute change	ge in	
				condition, labs, and risk man		
		scharged from the LTCH and		and review orders, interim ca		
	admitted to the SNF	on with diagnoses		all new admissions daily to er	sure orders	

including in Chronic Kidney

, а

Dependence on

and interventions are present that reflect

processes.

the management and monitoring of

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APPROVED IMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				2000 NORTH SEMORAN BOULEVARD	
AVANTE	AT ORLANDO INC		- 1	ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION
(F 281)	Continued From pa	nge 16	{F 28	111	
\(\(\frac{1}{2}\)\(\frac{1}2\}\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}	the Sacral Region.	•	\i 20	How corrective action will be	
	uic Jaciai Region,	anu .		monitored:	
		ty's admitting physician orders		The Director of Nursing (DON) or	_
	for Resident #4 dat			designee will audit the daily review	
		that the resident was to		newly admitted resident orders an interim care plans at least three tir	
	Resident #4, dated	Admitting nurses' notes for contained no		weekly to ensure orders and inten	
ì		the resident was to receive		are present that reflect the manag	
		ident #4's admitting care plan,		and monitoring of residents	1
		not contain documentation		processes.	
	that the resident wa did not contain inte			The Director of Nursing (DON) or designee will review results of auc	lite ae
l	aid not contain inte	rvertions to guide		part of the facility QAA/QAPI mon	
				three months, quarterly for six mo	
		0 PM, the Director of Nursing		then randomly thereafter.	
		he resident was admitted to the			
	facility from a LTCH				
		resident was receiving LTCH. The DON indicated			
		reatment in the LTCH for			
	was o				
		rom the LTCH there was an			
	order to "hold the	on ". The DON			
		ain the lack of monitoring and treatment for Resident #4.			
	follow-up	ueaunent for Resident #4.			
	Resident #4's reco	rd revealed a physician order			
		y a Nurse Practitioner (NP C)			
	on to beg	gin in-house on			
	The ord	y and Saturday starting on er was later discontinued by an			
1	order placed to hol	d for Resident #4			
i	for seven days, fro	m // through //			
	On at 2:5	7 PM, an interview was			

conducted with the Unit Manager on the North Wing, Licensed Practical Nurse (LPN) A, who had received the new physician orders regarding for Resident 4. LPN A indicated she

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		AND HUMAN SERVICES				FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				MB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1				R-C
		106027	B. WING			01/20/2017
NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
				2000	NORTH SEMORAN BOULEVARD	
AVANTE	AT ORLANDO INC			ORL	ANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION
{F 281}	Continued From pa	age 17	{F 2	81}		
		ity 's physician on call and had				
		to start and "hold" the				
	from	the Nurse Practitioner (NP).				
		ed she had called the mobile				
		pany who would be performing				
	the "in-house" Resident #4 and in	treatments for				
		pany had no record regarding				
		ment for Resident #4. LPN A				
		ze why Resident #4's				
		ordered then "held".				
	On at 9:3	2 AM via telephone,				
		treated Resident #4 at the				
1		had written the order on				
1	to hold	based on a				
	laboratory value fo					
		aid no conversation had taken				
		ily regarding the discontinuation				
		there would have needed to				
ļ		later date to make the decision				
	if anymore	was necessary.				
		o indicated he was not made				
1		lent #4's discharge and would				
1		se monitoring and additional				
	labs and	, > SUSSICITS.				
	On at 10:	40 AM, NP C, who had written				
		concerning the plan of care for				
		ated any resident on				
		sely monitored and if their				
1		vere becoming stable the				
		e repeat lab work to monitor				
1	the kidney function	n. He confirmed that no further				

labs were ordered by him to evaluate Resident #4's kidney function. NP C confirmed after reviewing records from the LTCH that the LTCH nephrologist had no intention of stopping

. NP C said that he

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING R_{*}C B WING 01/20/2017 106027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION CHANADY STATEMENT OF DESICIENCIES ın (X5) (VA) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DDEELY DATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY (F 281) Continued From page 18 (F 281) gave an order for on . and on I/ then to hold based on the information provided by the facility. NP C also indicated he could not find any evidence that would indicate the was to be stopped and if he had known that the was only on "hold", he would have ordered a STAT (immediate) consult. He said. "I can only base my decisions on the information provided by the facility. I did not see this resident until

Resident #4's Physician Consultation, dated 117 the day the resident was sent to the hospital from the SNF, reflected the resident had "Severe Azotemia and Uremia causing resident to have a change in mental status, Acidosis from possibly and Missing

along with Hyperkalemia from Failure and Acidosis. The physician ordered Resident #4 to begin immediately with the prognosis of "POOR". Azotemia means "insufficient kidney filtering." (Azotemia.net). Uremia is a "serious complication of chronic kidney when urea and other waste products build up in the body because the kidneys are unable to eliminate them." (WebMD). Acidosis "is a condition in which there is too much in the body fuicts." (Medlineplus, oow). The

resident received hospice care within 5 days of transfer to the acute care hospital on 11/21/16, and expired on

The facility policy "Physician Visits and Physician Delegation", no date, indicated the nurse is to clarify all orders as needed and to document any special discussion between the physician and the nurse.

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND DIAN OF CORRECTION A. BUILDING R-C R WING 01/20/2017 106027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ın (X5) OWNER COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DOCEIN DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (F 281) Continued From page 19 {F 281} The professional pursing staff failed to clarify the treatment for Resident #4. need for The communication between LPN A and NP C did not explore past medical history and the need for follow-up kidney care. The professional nursing staff did not use nursing judgement to evaluate the need for monitoring kidney status, and the significance of orders to hold additional 7 days after admission from the LTCH to the facility. The facility implemented sufficient measures to remove the immediacy and decrease the severity/scope as of 1/ but the facility remains out of compliance with F281. The severity and scope of the deficiency was lowered no actual harm with potential for no more than minimal harm to residents. As of the plan of correction was not submitted to include the facility's plans to fully implement. monitor performance, and evaluate the effectiveness of their action plans to ensure sustained compliance. (F 309) 483 24 483 25(k)(I) PROVIDE CARE/SERVICES (F 309) SS=D FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

483.25 (k) Pain Management.

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		A MEDICALD CEDITICE			0		0938-0391
		& MEDICAID SERVICES				(X3) DATE	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COM	PLETED
		106027	B. WING			R- 01/2	C 20/2017
NAME OF F	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC				0 NORTH SEMORAN BOULEVARD LLANDO, FL. 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	provided to resident consistent with protine comprehensive and the residents' (I) The far residents who require services, consister of practice, the concare plan, and the preferences. This REQUIREME by:	sure that pain management is ts who require such services, fessional standards of practice, person-centered care plan, poals and preferences. cility must ensure that	{F 3	09)	F 309 Provide Care/Services for the	ne	
	review, the facility (the clinical purifica the absence of nor dictionaries) service kidney function for reviewed for treatment (without any monito level of kidney function requiring hospitalizadmission to the fahospice care within care hospital and e The facility's failure identify the need for Immediate Jeopard efficiency Jeopard and eventual for the facility of the mediate Jeopard efficiency services.	ailed to provide titlon of 'I os substitute for mal kidney function-oxford es along with monitoring 1 of 4 sampled residents (#4). This life sustaining) was placed on "hold" ting to determine resident #4's titlon during that time. The ideteriorated to a level ation within 8 days of citility. The resident received 15 days of transfer to the acute expred.			Highest Well Being 1. Immediate actions taken: Resident #4 had a closed chart and longer resides in the facility. During survey conducted 2016 through 2016. 2017, the medical record all residents on were reviet the DON and RN corporate nurse, records reviewed included but was limited to, records received from discharging facility (hospital or LTA and those generated at Avante at 0 including history and physical, consultation notes, "/OT/ST evaluations/progress notes, active lists, medication orders, treatment Physician progress notes, and interplans to determine if there were ar residents on that did not hoorders to support the provision of cand services for the highest provision of and services for the highest provision of and services for the highest provision of a support the provision of cand services for the highest provision of cand services for the facility fo	d no , and on ds of wed by not CH), Orlando drug orders, flow im care by ave sare sable	

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		AND HUMAN SERVICES			FORM APPROVE	
CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039	1
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		106027	B. WING		R-C 01/20/2017	
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	ZIP CODE	
			- 1	2000 NORTH SEMORAN BOUL	EVARD	
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807		_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE COMPLETION THE APPROPRIATE DATE	•
(F 309)	hospital (LTCH), de Resident #4 was h vehicle accident an The resident was in Anoxic lack of inadequate longer. cells approximately four (Oxford dictionary) assessed to be in And in need of means "the kidney daily load of toxins dictionary). purifying the not working norma history and physice plan was to continuincorporate the serbranch of medicine (thefreedictionary, c., the meconcerned with the quantity of the meconcerned with the treatments admitted to the face exception of a one.	nation from a long-term care ted indicated indicated spitalized after a motor of apparent itubated and suffered an indicated i	{F3i	residents on has support the provision of for the highest practicat consistent with the resid assessment and plan of On 2016 directed the Admissions External Marketer to cenew residents were residents would receive out-patient. This hold with until the facility receives and confirmation of its scompliance. The Medical Director we citations on again on 2012. Identification of othe the potential to be affect. The Director of Nursing designee initiated re-edicensed staff nurses and contracted licensed nurses well as the completic interim care plans within admission. The educat the care of the resident and the critical thinking address hold orders spincluding diagnostic tes monitoring. All licensed nurses were re-educated prior to be assignment. The Director of Nursing	care and services ple wellbeing, lent s of care. The Administrator Coordinator and asse admission of whether the continuous or ith remain in effect written clearance substantial as notified of 2016 and 17. For residents having ted. (DON) or ucation to all 26 dd all scheduled ses on so freceipt and uding hold orders on and review of 124hrs of ion also included on skills need to ecific to ts and facility staff dd as of clear and the staff of the continuous and the staff of the continuous and the continuo	
		evealed Resident #4's ork values (labs) were being		The Director of Nursing designee continues to r		

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		AND HUMAN SERVICES			FURM APPROVEL
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C 01/20/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE
			1	2000 NORTH SEMORAN BOULE	VARD
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE COMPLETION THE APPROPRIATE DATE
{F 309}	Continued From pa closely monitored t determine duration treatr dated treatr dated treatr day before the resi facility, reflected th some signs of kidn was still dependen The physician held labs for the LTCH, dated the resident 's labs range. The LTCH's "Disch indicated monitored and woo hospital to a Skille summary reflected conducted with the Chronic need for kidney doctors. Ti	age 22 o for kidney function to and frequency of the ments. The physician's order, icated was needed 3 onday, Wednesday, and note, dated dent was transferred to the at the resident's labs showed ey recovery, but the resident tupon The Jated Supplementation. That day and ordered the supplementation that day and ordered A review of the lab results from at 1:55 AM, indicated se were no longer in the normal warge Summary*, dated Resident #4 had been closely idb de discharged from the LTC 1 Nursing Facility (SNF). The that a discussion was family addressing diagnosis of kidney of the labs of	{F 3/	09) current residents on onward to determine if the residents without orders provision of care and set highest practicable wellb confirmed that all resided have orders to support the care and services for the practicable wellbeing, coresident sassessment 3. Actions tasken/system to reduce the risk of futu. The Director of Nursing designee initiated re-edu.	2017 and here were any to support the vices for the leving. Review hat so no he provision of a highest she will be and plan of care, ms put into place re occurrence: (DON) or catalion on coensed nurses on All nurses that ucation on re-educated an assignment. (DON) or so current procession checks and (clinical review ft, physicians change in management) for all new sidents have
	Resident #4 was d admitted to the SN including in Dependence on Failure, Anoxic the Sacral Region,	ischarged from the LTCH and		and services for the high wellbeing, consistent wit assessment and plan of 4. How corrective actic monitored: The Director of Nursing designee will audit the d newly admitted resident: three times weekly to er	nest practicable th the resident s care. on will be (DON) or ailly review of s orders at least

Facility ID: 74809

admitted residents have orders to support

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		TIPLE CONSTRUCTION	FORM OMB NO	D: 02/09/2017 M APPROVED D: 0938-0391 ATE SURVEY
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE		co	R-C
		106027	B. WING			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL		
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		HOULD BE	(X5) COMPLETION DATE
{F 309}	Continued From pa	age 23	{F 3	09)		
	(MDS), dated assessed to have sikills for daily decis able to understand 44 was assessed to dependent on a station and the daily living. Residential in the diagrassessment, but the resident's just prior to admissive properties.	sion making and rarely/never or be understood. Resident to be bedridden and totally aff of two for all activities of int #4 required an indwelling ind was of bowel, the dependence on kidney nosis section of the eassessment did not include treatments in the timeframe into the SNF.		provision of care and services highest practicable wellbeing, with the residents assessm of care. Audit results will be monthly by the QAA/QAPI Co Any concerns or trends will be with corrective actions as req	consistent ent and plan eviewed emmittee. e addressed	
	did not on the resident was to not contain any ord function. The resident was to dated did documentation that dated did not contain interested the care function. A physician's order (NP) C on on T Saturday starting of then discontinued on 1/2 hold	ontain any documentation that receive and did lers for labs to monitor kidney tent's admitting nurses' notes, not contain any the resident was to receive resident admitting care plan, I not contain documentation as to receive and to monitor kidney reventions to guide and to monitor kidney given by Nurse Practitioner, was to begin in-house yeaday, Thursday and				

lab work to monitor kidney function.

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DEITH	THE THE PERSON	TARE HOWAT OLIVIOLO				FU	KW APPKOVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB	NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION		DATE SURVEY COMPLETED
		106027	B. WING				R-C 01/20/2017
NAME OF	PROVIDER OR SUPPLIER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STR	EET ADDRESS, CITY, STATE, ZIP CO	DDE	
				2000	NORTH SEMORAN BOULEVAR	(D	
	AT ORLANDO INC				LANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
(F 309)	On at 12: (DON) explained in house. In order for a reside in-house, the review their records to admission. Our record to begin PM, the DON conflia admitted to the faci along with documer receiving DON indicated the case in the LTCH ontained an ST on the LTCH and the maintained the pati was considered in the LTCH and the maintained the pati based values. On at 2:50 Manager Licensed had received the received the received the received the received the received the order to from the control of the c	15 PM, the director of nursing to process of the facility's treatments. She said, and to receive company has to sand accept the resident prior company had no for Resident #4." At 1.10 med the resident was lity from a LTCH on habiton the resident was at the LTCH ospital. The resident's last treatment for me the treatment for the treatm	{F3	09)			
	for it on the day the on She shold the	ved the order to start use she did not see an order resident entered the facility aid the nurse took the order to for 7 days from NP C on colained that she had called					

the

company who would be

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	AND HOWAN SERVICES				FOR	KM APPROVEL
CENTERS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		ONSTRUCTION		ATE SURVEY OMPLETED
	106027	B. WING			0	R-C 1/20/2017
NAME OF PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CO	DE	
AVANTE AT ORLANDO INC				NORTH SEMORAN BOULEVARI ANDO, FL 32807	0	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
informed NP C, and for 7 days vinquiry. On at 9:3: nephrologist E, with the LTCH, spoke al on written the order or based on Resident which w said there was no c regarding the disco because there wou work obtained at a if anymore indicated he was not which w said the said the said that if anymore indicated he was not which we continued close mo and so So On at 9:10 Coordinator (AC) or initial paperwork re to their facility via F // She said admission packets. comes to their facili nephrologist to folic did not know if the contacted regarding the said said said said said said said said	ouse a company told sord regarding lent #4. LPN A said she d he gave her the order to hold without any other orders or 2 AM via telephone, between the order to hold without any other orders or 2 AM via telephone, between the indicated he had to hold the company of the indicated he had to hold #4's laboratory value for as normal at that time. He conversation with the family intinuation of ld have needed to be more tab later date to make the decision was necessary. He also made aware of the Resident es SNF, and would have intoring, additional lab work, essions of firmed she received the garding Resident #4's referral AX from the LTCH on the DON reviews the The AC said when a resident ty, the resident gets a new we kidney care. She said she nephrologist was ever	{F 30	9)			

who gave the orders concerning

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES DROVIDER'S DLAN OF CORRECTION in (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY (F 309) Continued From page 26 (F 309) Resident #4 NP C indicated any resident on is closely monitored and if the levels were becoming stable, the resident would have repeat labs to monitor the kidney function. He confirmed that he did not order any labs to evaluate resident #4's kidney function while she was not receiving any level shows how well your kidneys are working. A high level may mean your kidneys are not working as they should." (WebMD). NP C confirmed after reviewing records from the LTCH on that the nephrologist there had no intention of stooping Resident #4's . NP C said that he gave an order for on on I/ then to hold for 7 days based on the information provided by the facility NP C also indicated he could not find any evidence that would indicate the was to be stopped, and if he had known that the was only on hold on would have ordered a STAT (immediate) consult. "I can only base my decisions on the information provided by the facility. I did not see this resident till. 1/ Review of NP C's History and Physical. conducted on 1/ indicated he reviewed the resident's medical record, including medications verified/reviewed, discussed with nurse. telephone orders reviewed, lab/ bospital records reviewed. The visit note included AKI (acute kidney injury)/ (chronic kidney) history/of HD (). It did not include any assessment of kidney status or considering the need for . NP C did not write any orders to check the resident 's

kidney function even after he documented he reviewed the LTCH records on 1/

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		106027	B. WING			R-C 01/20/2017	
NAME OF I	PROVIDER OR SUPPLIER	Law		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC				NORTH SEMORAN BOULEVARD		
				OR	LANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
{F 309}	Continued From pa	ge 27	{F 36	09}			
	F vaguely remember hospital and could spoken with him prorder C) would consult wand treatment." Resident #4, admit	26 AM via telephone, Physician pred the resident from the LTC for temember if the NP C had or to writing the "hold" He said, "I would hope (NP th me prior to providing care led to the facility with a been seen by the facility's an on and //					
	Review of the dated in ind assessed to have a unstageable (due to measuring 8.7 cent Care 1/2 one week had developed nine "unstageable (due ear, unstageable (eright ear, unstageable to left lateral heel, lateral heigh, unstageable (austral heel, as each constageable (eright ear, unstageable (eright ear, unstageable early thigh, unstageable early thigh, unstageable early e	Lare Evaluation, icated Resident #4 was non-specific and an onecrosis) sacrum imeters (cm.) x 10.3 cm. The Evaluation, dated later, revealed resident #4 additional wounds, to necrosis) of the left use to necrosis) of the left upper DTI of the left upper DTI of the left lateral neck, of the right lateral neck.					
	unstageable DTI of Resident #4 was se B weekly facility, thr Care Eva	the right lateral calf and an the right lateral head." been by the facility's care throughout her stay at the ough / . The lutation, dated ## was assessed to have a					
		and an "unstageable (due to measuring 8.7 cm.					

Debridement of Muscle procedure was performed

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		AND HUMAN SERVICES				FORM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	,			OMB NO. 0938-0391
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING			R-C 01/20/2017
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	
				2	2000 NORTH SEMORAN BOULEVARD	
	AT ORLANDO INC			(ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION
{F 309}	margins of viable tis // the indicated Resident additional wounds ear, unstageable unstageable deep tateral heel, unstag thigh, unstageable DTI of unstageable DTI of unstageable DTI of unstageable DTI of conducted with the regarding resident i evidenced by the di wounds in one we resident specifically described Resident and did not open he resident was seen facility. Initially she located on the following visit, one developed nine add the incare phy family to discuss th proposed Resident end of life co physician stated sh had been on facility. When the tre realized that this re- treatments , she said i	tissue and establish the ssue. One week later, on I Care Evaluation #4 had developed nine unstageable of the left of the right ear, sissue injury (DTI) of the left eable DTI of the left lateral DTI of the left lateral DTI of the left lateral neck, the right lateral neck, the right lateral calf, and an the right lateral calf, and an the right lateral calf, and such existing the right lateral calf, and the right lateral rea, and then the week later, the resident had tittonal wounds. At that point, scican said she called the	{F 3	09}		

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DECICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

106027

(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVE
A. BUILDING	COMPLETED
	R-C

01/20/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B WING 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC

ORLANDO, FL. 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION O(4) ID /FACH DEFICIENCY MUST BE PRECEDED BY FULL DDEEN PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(F 309): Continued From page 29

and could explain why Resident #4 had the nine new black wounds all over her body within a week. She said the wounds were Kennedy Kennedy (KTU) is the term used for "unavoidable skin failure that occurs as part of the dving process (Schrank, 2009)," (virtualhospice, ...). care physician gave the orders to send the resident to the emergency 3 PM

Resident #4's Physician Consultation, dated , the day the resident was sent to the hospital from the SNF, reflected the resident had "Severe Azotemia and Uremia causing resident to have a change in mental status. Acidosis from possibly and Missing

along with Hyperkalemia from Failure and Acidosis. The physician ordered Resident #4 to begin immediately with the prognosis of "POOR". Azotemia means "insufficient kidney filtering." (Azotemia.net). Uremia is a "serious complication of chronic kidney when urea and other waste products build up in the body because the kidneys are unable to eliminate them." (WebMD). Acidosis "is a condition in which there is too much in the body fluids." (Medlineplus.gov). The resident received hospice care within 5 days of

The facility policy "Resident Rights" (no date) read. "The resident has the right to be informed by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options, and to choose the alternative or option he or she prefers." The

transfer to the acute care hospital on

{F 309}

and expired on

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				MB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		106027	B. WING			1	R-C /20/2017
	PROVIDER OR SUPPLIER AT ORLANDO INC		•	2000	EET ADDRESS, CITY, STATE, ZIP CODE 0 NORTH SEMORAN BOULEVARD LANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICANCY)	D BE	(X5) COMPLETION DATE
{F 309}	regarding The facility failed to function and provid The last time Resid was on Smonitoring of kidne	to provide any policies care and treatment. monitor Resident #4's kidney e life sustaining	{F 3	09}			
	remove the immedi severity/scope as or remains out of so or severity and scope to D- , no ac more than minimal , the plan of to include the facilit monitor performance effectiveness of the sustained complian	pliance with F309. The of the deficiency was lowered tual harm with potential for no harm to residents. As of correction was not submitted y's plans to fully implement, e., and evaluate the iir action plans to ensure ce. IYSICIAN VISITS - REVIEW	{F 3	86}			<i>H</i>
	including medicatio visit required by par	dent's total program of care, ns and treatments, at each agraph (c) of this section;					
	visit; and	date progress notes at each Il orders with the exception of , which may					

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OMB NO. 0938-039		
(X3) DATE SURVEY COMPLETED		
R-C 01/20/2017		
(X5) COMPLETION E DATE		
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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APP OMB NO. 093	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SUR COMPLETI	RVEY
		106027	B. WING		R-C 01/20/2	017
	PROVIDER OR SUPPLIER AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP CI 2000 NORTH SEMORAN BOULEVAR ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE COM	(X5) IPLETIO DATE
(F 386)	daily load of toxins dictionary), purifying the not working normal history and physica plan was to continu incorporate the sen branch of medicarle (medical-dictionary ogy) and concerned with the (medical-dictionary ogy), and monitor to the LTCH follow-up and in and resident for kidney orders, revealed for closely monitored to frequency of the LTCH Discharge St indicated Resident and would be disch Skilled Nursing Fac	are unable to excrete the in the "(Oxford in the "(Oxford is "a process of of a person whose kidneys are by" (Wikipedia). The LTCH I, dated indicated the earlies of the kidneys the freedictionary.com/nephrol the medical specialty that is diagnosis and treatment of the thickney the freedictionary.com/nephrol he resident for kidney function. The LTCH dated "I through Resident H2's labs were being to determine duration and treatments. The Immany, dated "4th ad been closely monitored arged from the LTCH to a lillity (SNF). A discussion was family addressing diagnosis of stamily addressing diagnosis of significant control of the significan	{F3	until the facility receives writ and confirmation of its subst compliance. The Medical Director was nn citations on	antial stiffied of 016 and 016 and N) or so orders for 2017 here are any vidence of the n the care and eview records role of the atment for the ad education e physicians cific to the r the ss notes on atting orders quired initial aboration with actitioners,	
		e family voiced understanding he resident to a SNF for ng		a ", nephrologist, the with documented proof a 483.30 (b) (1)-(3). This edu provided on , 201	s stated in S cation was	

Resident #4 was discharged from the LTCH and admitted to the SNF on with diagnoses

including in Chronic Kidney

Dependence on (kidney)

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 02/09/201 FORM APPROVED OMB NO. 0938-039
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4 7	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		106027	B. WING _		R-C 01/20/2017
TABLE TO PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC. INC. ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DEMTIFYING INFORMATION) [F 386] Continued From page 33 Failure, Anoxic , a of the Sacral Region, and Review of the Admitting Minimum Data Set (MDS), dated , reflected the resident was assessed to have severely skills for daily decision making and rarely/never able to understand or be understood. Resident #4 was assessed to be bedridden and totally		B. WING	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON (PS) (DATE) ON (DATE) DATE OMPRIATE OMPRIATE OATE OVER (PS) OATE OA	
	dependent on a sta daily living. Reside an The MDS included in the diagr assessment, but the the resident 's timeframe just prior	If of two for all activities of nt #4 required an indwelling d was of bowel. the dependence on kidney losis section of the e assessment did not include treatments in the to admission to the SNF.		How corrective action will be monitored: The Director of Nursing (DON) or designee conducts reviews of the of weekly audits twice each mont ensure Physicians compliance regulations and notifies the Medic Director accordingly. The Director of Nursing (DON) or designee will review results of au	results h to with cal dits as
	the resident was to resident's admitting , did not or the resident was to resident admitting not contain docume to receive interventions to gui monitor kidney func On 1:10 F (DON) confirmed the facility from a LTCH	receive The nurses' notes, dated notain any documentation that receive The care plan, dated dintation that the resident was and did not contain de care, and to didn. M, the Director of Nursing be resident was admitted to the		part of the facility QAA/QAPI mor three months, quarterly for six mo randomly thereafter.	

at the LTCH. The DON indicated the resident's last treatment for was dated at the LTCH. She said the discharge orders from the LTCH contained an

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO: 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R₋C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S BLANCE CORRECTION. DOEELY (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY (F 386) Continued From page 34 (F 386) order to "hold the on at 9:32 AM via telephone nephrologist F who treated Resident #4 while at the LTCH, indicated he had written the order on based on a to hold laboratory value for which was normal at that time. He indicated conversation had not taken place with the family regarding the , because there discontinuation of would have needed to be more labs at a later date to make the decision if anymore was necessary. Nephrologist E also indicated he was not made aware of the Resident #4's discharge from the LTCH and would have continued close monitoring and additional labs and sessions, at the facility. Resident #4's physician's order was written by Nurse Practitioner (NP) C on .. to begin in-house on Tuesday. Thursday and Saturday, starting on // . The order was later discontinued and a new order was written to hold for Resident #4 for seven (7) NP C days, from 1/ through gave an order to hold the for seven (7) days without a physician conducting an actual

#4. On

face to face examination and lab monitoring to determine appropriateness of care for Resident

On at 10:40 AM, NP C, who had written the above orders concerning the plan of care for Resident #4, indicated any resident on

is closely monitored and if their levels were becoming stable, the resident would have with repeat laboratory work (labs) obtained to monitor the resident's

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES SOMB NO. 9383-9391 STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: A BUILDING (X2) MULTIPLE CONSTRUCTION A BUILDING (X3) COMPLETED

PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED
	106027	B. WING	R-C
	100027	B. WING	01/20/2017

NAME OF PROVIDER OR SUPPLIER

kidney function. He confirmed that no further

STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (X8) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X8) COMPLETION DATE

{F 386} Continued From page 35

labs were ordered by him to evaluate Resident #4's kidney function. NP C confirmed after reviewing records from the LTCH that the LTCH nephrologist had no intention of stopping NP C said that he Resident #4's gave an order for , →on i, and then to hold , based on on / the information provided by the facility. NP C also indicated he could not find any evidence that would indicate the was to be stopped, and if he had known the was only on "hold", he would have ordered a STAT (immediate) consult. He said. "I can only base my decisions on the information provided by the facility. I did not see this resident until " NP C had not seen the resident or reviewed Resident #4's medical records prior to writing the order to "hold" seven (7) days, from 1/ through 1/ The resident's medical records provide invaluable information about the resident's prior and present medical condition. A review of the medical record is necessary in order to include an evaluation of the resident's condition and continued appropriateness of the current medical regime and plan of care. NP C did not order and monitoring of kidney function

and monitoring of kidney function even though his visit notes and the history and physical, dated // ,, indicated he reviewed the LTCH record. NP C could not recall if he had consulted the primary care physician.

On at 11:26 AM, Resident #4's primary care physician F indicated he vaguely remembered the resident from the LTCH and could not remember if NP C had spoken with him prior to writing the "hold" order. He said. "I would hope (NP C) would consult with me

{F 386}

PRINTED: 02/09/2017

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DESIGNATION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING R.C 106027 B WING 01/20/2017 NAME OF PROVIDER OR SUPPLIED STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION OXE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEELCHENCY (F 386) Continued From page 36 (F 386) prior to providing care and treatment." The facility was unable to provide documentation that the primary care physician had conducted the initial visit and reviewed Resident #4's labs to coordinate the plan of care and treatment for the resident. The facility 's B weekly care throughout her stay at the facility had seen Resident #4, from 11/ through 11/..... Review of the " Care Evaluation" dated indicated Resident #4 was assessed to have a "non-specific" and an "unstageable (due to necrosis) sacrum measuring 8.7 centimeters (cm.) x 10.3 cm " A Surgical Debridement of Muscle procedure was performed to remove tissue and establish the margins of viable

tissue. The "

dated 1/

neck.

On

Care

neck, unstageable DTI of the right lateral calf and an unstageable DTI of the right lateral head."

3:30 PM

stated she did see Resident #4 for management and described the resident to be in a vegetative state and did not open her eyes She confirmed the resident was seen by her twice while at the facility. Initially she saw her for one

one week later, indicated Resident #4 had developed nine additional wounds "(unstageable (due to necrosis) the left ear, unstageable (due to necrosis) of the right ear, unstageable deep tissue injury (DTI) of the left lateral heel, unstageable DTI of the left lateral thigh, unstageable DTI of the left upper back, unstageable DTI of the left lateral

Evaluation".

of the right lateral

care

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (VA) ID PROVIDER'S PLAN OF CORRECTION m (YS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY (F 386) Continued From page 37 (F 386) located on the sacral area, and then the following visit one week later, the resident had developed nine additional wounds. care At that point. B called the family to discuss the process and proposed Resident #4 be sent to the emergency end of life care. care B stated she had not been aware Resident #4 had been on prior to coming to the facility or that the had been on hold just prior to her admission. She indicated the discontinuation of Resident #4's may have contributed to the rapid decline in skin integrity and why Resident #4 had nine new black wounds all over her body within a week. Review of the "Physician Consultation" dated the day the resident was sent to the hospital from the SNF indicated Resident #4 had "Severe Azotemia and Uremia causing resident to

have a change in mental status. Acidosis from possibly and Missing along with Hyperkalemia from

Failure and Acidosis. The physician placed an order for Resident #4 to begin with the prognosis POOR. Resident #4 was placed on Hospice (/) and later expired). Azotemia is "insufficient kidney filtering." (Azotemia.net). Uremia is a "serious complication of chronic kidney when urea and other waste products build up in the body because the kidneys are unable to eliminate them." (WebMD). Acidosis is "a condition in which there is too much in the body fluids." (medlineplus.gov).

at 12:35 PM, the Administrator said. "We will take whoever (the physician or the NP) is

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL. 32807 SUMMARY STATEMENT OF DEFICIENCIES (VA) ID PROVIDER'S PLAN OF CORRECTION 1251 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DREELY (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG CROSS REFERENCED TO THE APPROPRIATE DATE DEFICIENCY {F 386} Continued From page 38 (F 386) available" to obtain orders for the residents Review of the facility policy "Physician Visits and Physician Delegation", revised / indicated the facility is to ensure the physician is taking an active role in supervising the care of residents and the review of the total program of care including medications and treatments in each visit The facility failed to ensure a physician was taking an active role in supervising and monitoring the need for life sustaining treatments for Resident #4. The facility implemented sufficient measures to remove the immediacy and decrease the severity/scope as of 1/ , but the facility remains out of compliance with F386. The severity and scope of the deficiency was lowered to Dno actual harm with potential for no more than minimal harm to residents. As of the plan of correction was not submitted to include the facility's plans to fully implement. monitor performance, and evaluate the effectiveness of their action plans to ensure sustained compliance {F 388} 483.30(c)(3)(4) PERSONAL VISITS BY (F 388) SS=D PHYSICIAN ALTERNATE PA/NP

(c) Frequency of Physician Visits

(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.

(4) At the option of the physician, required visits in

PRINTED: 02/00/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE * MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SLIPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (YA) ID ID PROVIDER'S DLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEEKCIENCY) (F 388) Continued From page 39 (F 388) SNFs. after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical in accordance with paragraph (e) of this section This REQUIREMENT is not met as evidenced Based on interview, record review and policy F 388 Provide Personal visits by review, the physician failed to provide an initial Physician Alternate PA/NP visit to assess and evaluate the monitoring of Immediate actions taken: kidney function and the need for . for Resident #4 had a closed chart and no 1 of 4 sampled residents reviewed for longer resides in the facility. (#4) During survey conducted 2016 through 2016 and on The resident's condition deteriorated to a level . 2017, the medical records of requiring hospitalization within 8 days of all residents on were reviewed by admission to the facility. The resident received the DON and RN corporate nurse records hospice care within 5 days of transfer to the acute reviewed included but was not limited to care hospital and expired. records received from discharging facility (hospital or LTACH), and those generated The facility's failure to monitor kidney status to at Avante at Orlando including history and identify the need for resulted in physical, consultation notes, active drug Immediate Jeopardy, staring on lists, medication orders, treatment orders. deficiency resulted in Substandard Quality of Physician progress notes and admission Care. Immediate Jeopardy was determined to be orders to determine if there were any ongoing as of residents that did not have evidence of the physician providing initial visit to assess. Findings: and evaluate the monitoring of kidney

Review of documentation from a long-term care hospital (LTCH), dated . indicated Resident #4 presented after involvement in a motor vehicle accident and apparent

The resident was hospitalized, intubated, , "the lack of and suffered an Anoxic inadequate for several minutes or longer. cells begin to die after approximately four minutes without "(Oxford dictionary). Resident #4 was also assessed to be in Acute

function and the need for

Review confirmed that all residents on

providing initial visit to assess and

evaluate the monitoring of kidney function and the need for , 2016 the Administrator directed the Admissions Coordinator and External Marketer to cease admission of residents whether the resident would receive in-house or

had evidence of the physician

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PRINTED: 02/09/2017

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C 01/20/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRI IX (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
(F 388)	Means "the kidneys daily load of toxins dictionary), purification of of normal kidney further with the same of the	are and in need of e (kidney) Failure in the "(Oxford is "the clinical to substitute for the absence notion." (Oxford dictionary). It follow-up plan was to and incorporate the ologist (kidney) and monitor the resident's kidney orders, dated revealed Resident is were being closely inne duration and frequency of patments. The LTCH's y dated indicated en closely monitored and difform the LTC to a skilled F). According to the LTCH was conducted with the lagnosis of in Chronic ng with the need for obe followed by the kidney if record reflected the familying and wished to get the or further care. Scharged from the LTCH and fon in with diagnoses Chronic Kidney and of dated thair and y documentation that titing physician orders, dated ntain any documentation that	(F 3	88) out-patient. This hold with remuntil the facility receives writte and confirmation of its substat compliance. The Medical Director was not citations on 2017. 2. Identification of other resist the potential to be affected: The Medical Director provided to all four facility primary care and their nurse practitioners retheir responsibility for the initia comprehensive visit being cor within 30 days of admission at conducted by the primary care per regulation \$483.30 C freq physician visits. The Director of Nursing (DON designee continues to review residents charts on onward to determine if there we residents that did not have evi initial visit by the physician to a evaluate the monitoring of the plan of care. The review conful all resident have evidence of in the physician to assess and emonitoring of the residents physician to assess and emonitoring of the residents physician visits review to ensu are in compliance with regulat Medical Records conducts we physician visits review to ensu are in compliance with regulat Medical Director will continue the weekly audits of physician ensure compliance with S 483	n clearance ntial field of 16 and dents having leducation physicians garding il place physician garding il protect physician uency of) or current ; 2017 and were any dence of assess and residents rmed that initial visit by valuate the lan of care. tinto place urrence: ekly re physician ons. so visits to

Facility ID: 74809

CENTER STATEMENT AND PLAN O	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER AT ORLANDO INC SUMMARY STA (EACH DEFICIENCY	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER 106027 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIENTIFYING INFORMATION)	1 ' '	STREET ADDRESS, CITY, STATE, ZIP COD 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	CTION (X5) OULD BE COMPLETION
(F 388)	, did not of the resident was to The resident's adm , did not oc the resident was to not contain interver care. On , Resid written by Nurse President was to beg Tuesday, Thursday Thursday Thursday Thursday Thursday Con at 1:10 (DON) confirmed the facility from a LTCH documentation the at the The DON indicated for , and said tay before the residacility. The DON was designed to the contained the contai	nurses' notes, dated nurses' notes, dated nurses' notes, dated receive litting care plan, dated litting care plan, dated nursen was a did to the control of	{F 3	4. How corrective action will I monitored: The Director of Nursing (DON) designee conducts reviews of of weekly audits twice each mensure Physicians complianc regulations and notifies the Me Director accordingly. The Director of Nursing (DON) designee will review results of part of the facility QAA/QAPI method the number of the part of the facility and then randomly thereafter.	or the results both to be with dical or audits as nonthly for
	nephrologist E who	AM via telephone, treated Resident #4 while at he had written the "hold"			

order on

based on a laboratory which was normal at that

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/09/2017 FORM APPROVED

DELAK	WENT OF HEALTH	AND HOMAN OLIVIOLO				FURM APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NO. 0938-0391
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING			R-C 01/20/2017
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	
				2000	NORTH SEMORAN BOULEVARD	
AVANTE	AT ORLANDO INC				ANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
(F 388)	with the family rega as the more lab work at a decision if anymore Rephrologist E also aware of the Reside LTCH, and would In monitoring, addition treatments in the far on and if their stable, the resident holding to monitor the table for monitor the LTCH that had no intention of for the LTCH that had no intention of the confirmed after revifrom the LTCH that had no intention of the confirmed after revifrom the LTCH that had no intention of the confirmed after revifrom the LTCH that had no intention of the confirmed after revifrom the LTCH that had no intention of the confirmed after review of the confirmed as a stable that the confirmed that the resident until the resident or review records prior to write resident proton the latest proton that the resident proton the latest proton the lat	onversation had taken place riding the discontinuation of rere would have needed to be later date to make the second was necessary, or indicated he was not made ent #4's discharge from the ave continued close hall all work, and cicity. 40 AM, NP C indicated any is closely monitored, levels were becoming would be given a trial of and repeat lab work and cicity. 40 AM, NP C indicated any is closely monitored, levels were becoming would be given a trial of and repeat lab work and repeat lab work. The work is thicky function. He id not order any further labs to #4's kidney function. NP C ewing Resident #4's records the nephrologist at the LTCH stopping the resident's C said that he gave an order in and then to hold based on the said was to be and known that the nity on hold, he would have mediate) consult. base my decisions on the do by the facility. I did not see. "NP C had not seen we will be seen we decided in the seen will be seen we decided in the seen will be seen we decided in the seen will be seen we decided in the seen we decided in the seen we decided in the or hold."	(F3	88)		
		for seven days,				
	through . I	NP C could not recall if he had				

consulted the primary care physician.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C 106027 R WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE ZIP CODE

PRINTED: 02/09/2017

FORM APPROVED

01/20/2017

2000 NORTH SEMORAN BOULEVARD

AVANTE AT ORI ANDO INC

ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID in PROVIDER'S PLANCE CORRECTION (EACH DESICIENCY MILET BE DESCRIBED BY SHILL COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

(F 388)

(F 388) Continued From page 43

On at 11:26 AM, Resident #4's primary care physician vaguely remembered the resident from the LTCH, and could not remember if NP C had spoken with him prior to writing the "hold" order. He said. "I would hope (NP.

C) would consult with me prior to providing care and treatment."

Resident #4's "Physician Consultation", dated it he day the resident was sent to the hospital from the facility, assessed the resident with "Severe Azotemia and Uremia causing resident to have a change in mental status. Acidosis from possibly and missing along with Hyperkalemia

Failure and Acidosis. Azotemia is from insufficient kidney filtering. (Azotemia.net). Uremia is a serious complication of chronic kidnev when urea and other waste products build up in the body because the kidneys are unable to eliminate them. (WebMD). The physician ordered Resident #4 to begin immediately, and wrote the

prognosis was "POOR". Resident #4 was placed on Hospice care on / and expired on

at 12:35 PM, the Administrator was asked about the physician conducting the initial visit to assess and write orders for Resident #4. He said, "We will take whoever (physician or NP) is available" to obtain orders for the resident

The NP completed the initial comprehensive visit for Resident #4 seven (7) days after admission to the facility. NP C's documentation of the visit indicated it was conducted on -/ at 10:20 AM, and that the resident was a new admission.

PRINTED: 02/09/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING R-C 106027 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC. ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ìD PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL DREED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY (F 388) Continued From page 44 (F 388) The history and physical contained the following areas reviewed and completed: history of present illness. social history family history, past history, 14-point review of systems examination, including general. head, ear, nose, throat, neck, lungs, abdomen, extremities, L dermatological, and Assessment and Plan. The following areas were checked: admit to facility. Rehab therapies ordered medications verified/reviewed discussed with nurse, telephone orders reviewed . hospital records reviewed. The visit note also included AKI (acute kidney injury)/ (chronic kidney) history/of HD). It did not include any assessment of kidney status or . A comprehensive type of examination includes at least nine organ systems or body areas. (CMS.gov). Although this information was documented as completed by NP C, on at 10:40 AM, he said, if he had known was only on hold, he would have ordered a STAT (immediate) consult. The facility policy "Physician Visits and Physician Delegation" revised / : contained a chart documenting the following information: "In a Skilled Nursing Facility, Initial Comprehensive Visits/Orders MAY NOT be Performed or Signed

Clinical Nurse

employed by the facility."

by a Physician Assistant, Nurse Practitioner or

The facility failed to ensure a physician conducted the first initial visit, and monitor the life sustaining treatment for Resident #4.

employed or not

DEPART CENTER	RINTED: 02/09/2017 FORM APPROVED MB NO: 0938-0391				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		106027	B. WING		R-C 01/20/2017
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
{F 388}	Continued From pa	ige 45	{F 38	38}	
	remove the immedi severity/scope as o remains out of com severity and scope to D- , no ac more than minimal , the plan of to include the facilit monitor performance	upliance with F388. The of the deficiency was lowered tual harm with potential for no harm to residents. As of forrection was not submitted by's plans to fully implement, be, and evaluate the irraction plans to ensure			

PRINTED: 02/09/2017 FORM APPROVED Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A RUILDING: 74800 R WING 01/20/2017 NAME OF PROVIDER OR SUPPLIED STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN ROLL EVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE COMPLETE DREELY REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (N 000) INITIAL COMMENTS (N 000) Compliant Investigations#2016012160 #2016013398 were conducted from Avante at Orlando had a deficieincy at the time of the visit (N 201): 400.022(1)(I). FS Right to Adequate and (N 201) SS=J Appropriate Health Care The right to receive adequate and appropriate health care and protective and support services. including social services: mental health services. if available: planned recreational activities: and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This Statute or Rule is not met as evidenced by: Based on interview, record review and policy N 201 400.022(1)(I), FS Right to Adequate review, the facility failed to provide adequate and and Appropriate Health Care appropriate care and services for 1 of 4 sampled residents reviewed for services, and Immediate actions taken: failed to monitor kidney function (#4) Resident #4 had a closed chart and no , a life sustaining treatment, was not longer resides at this facility. given, and kidney function status was not During survey conducted obtained. The resident's condition deteriorated to 2016 through 1. 2016 and on a level requiring hospitalization within 8 days of 2017, the medical records of all admission to the facility. The resident received residents on were reviewed by the hospice care within 5 days of transfer to the acute DON and RN corporate nurse, records care hospital and expired. reviewed included but was not limited to The facility's failure to monitor kidney status to records received from discharging facility identify the need for resulted in a (hospital or LTACH), and those generated Class I deficiency, starting on at Avante at Orlando including history and physical, consultation notes. /OT/ST Findings: evaluations/progress notes, active drug lists, medication orders, treatment orders. Review of documentation from a long-term care Physician progress notes.

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

hospital (LTCH), dated

Electronically Signed

TITLE

sheets, admission orders and interim care

(X6) DATE

STATE FORM

If continuation sheet 1 of 10

Approved of M. Oully 2/9/17 Mas

. indicated

FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING: __ R B. WING 74809 01/20/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUIDDUED 2000 NORTH SEMORAN BOLLLEVARD AVANTE AT ORLANDO INC. ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (N 201): Continued From page 1 (N 2013 Resident #4 was hospitalized after a motor plans to ensure that immediate care vehicle accident and apparent needs were met and that facility monitored The resident was intubated and suffered an kidney status to identify the need for . Anoxic Anoxic is "the . All records reviewed lack of inadequate for several minutes or confirmed there was evidence of cells begin to die after appropriate monitoring of kidney status approximately four minutes without and all care needs were met. (Oxford dictionary). Resident #4 was also . 2016 the Administrator assessed to be in Acute (kidney) Failure. directed the Admissions Coordinator and and in need of Acute External Marketer to cease admission of means "the kidneys are unable to excrete the new residents whether the daily load of toxins in the ." (Oxford resident would receive in-house or dictionary). is "a process of out-patient. This hold with remain in effect purifying the of a person whose kidneys are until the facility receives written clearance not working normally." (Wikipedia). The LTCH and confirmation of its substantial history and physical dated indicated the compliance plan was to continue The Medical Director was notified of incorporate the services of citations on , 2016 and again branch of medicine that deals with the kidneys . 2017. (thefreedictionary.com/ , the medical specialty that is concerned with the diagnosis and treatment of 2. Identification of other residents having (thefreedictionary.com/ the potential to be affected: and monitor the resident for kidney function . 2016 the Director of Nursing (DON) or designee initiated re-education to all 26 licensed staff nurses The most current documentation of the and all scheduled contracted licensed treatments was on the "Mobil nurses on the process of receipt and Run Sheet", dated verification of orders including hold orders and as well as the completion and review of run sheets indicated that Resident #4 required interim care plans within 24hrs of treatments up until the time she was admission. The education also included admitted to the facility on the care of the resident on exception of a one time hold order on and the critical thinking skills need to The LTCH's orders dated 17 address hold orders specific to through revealed Resident #4's including diagnostic tests and laboratory work values (labs) were being monitoring. All licensed facility staff nurses closely monitored to for kidney function to were re-educated as of . 2017

AHCA Form 3020-0001

determine duration and frequency of the

treatments. The physician's order.

and all contracted nurses are re-educated

prior to being placed on an assignment.

FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A RUILDING: R B. WING 74809 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOLLLEVARD AVANTE AT ORI ANDO INC ORLANDO, FL. 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS, REFERENCED TO THE ADDRODDIATE DEFICIENCY) {N 201} Continued From page 2 {N 201} dated . indicated was needed 3 The Director of Nursing (DON) or times a week on Monday, Wednesday, and designee continues to review orders for Friday, The note dated current residents on 2017 and day before the resident was transferred to the onward to ensure that the facility is facility, reflected that the resident's labs showed monitoring residents process some signs of kidney recovery, but the resident with standards that meet professional was still dependent upon The standards as stated in the Nurse Practice order, dated indicated the Act \$464,003 (3) (a) (1) (2). All records resident required reviewed confirmed there was evidence of supplementation The physician held that day and ordered the appropriate monitoring and lahs for . A review of the lab results from management of residents the LTCH, dated at 1:55 AM indicated processes the resident's labs were no longer in the normal 3. Actions taken/systems put into place The LTCH's "Discharge Summary", dated to reduce the risk of future occurrence: . indicated Resident #4 had been closely The Director of Nursing (DON) or monitored and would be discharged from the LTC designee initiated re-education on hospital to a Skilled Nursing Facility (SNF). The . 2017 to all licensed nurses on summary reflected that a discussion was standards that meet professional conducted with the family addressing diagnosis of standards as reflected in the Nurse in Chronic Kidney Practice Act S464,003 (3) (a) (1) (2). All along with the need for and to be followed by the nurses that have not received kidney doctors. The family voiced understanding re-education on . 2017 will be and wished to get the resident to a SNF for re-educated prior to being placed on an further care, including assignment. The Director of Nursing Resident #4 was discharged from the LTCH and (DON) or designee will continue, through admitted to the SNF on , with diagnoses the white board process (clinical review for includina in Chronic Kidney new admissions chart, physicians Dependence on orders, consults, acute change in Failure, Anoxic of condition, labs, and risk management) and the Sacral Region, and . The SNF review orders, interim care plans for all included these diagnoses on their Admission new admissions daily to ensure orders Record and interventions are present that reflect the management and monitoring of Review of the Admitting Minimum Data Set residents processes. (MDS), dated :/ reflected the resident was 4. How corrective action will be assessed to have severely monitored: skills for daily decision making and rarely/never The Director of Nursing (DON) or

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able to understand or be understood. Resident

#4 was assessed to be bedridden and totally

designee will audit the daily review of

PRINTED: 02/09/2017 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: R D WING 74800 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC. ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {N 201} Continued From page 3 {N 201} dependent on a staff of two for all activities of three times weekly to ensure that newly daily living. Resident #4 required an indwelling admitted residents have orders to support and was of howel provision of care and services for the The MDS included the dependence on kidney highest practicable wellbeing, consistent in the diagnosis section of the with the residents assessment and plan assessment, but the assessment did not include of care. Audit results will be reviewed the resident 's treatments in the monthly by the QAA/QAPI Committee. timeframe just prior to admission to the SNF. Any concerns or trends will be addressed with corrective actions as required. Resident #4's admitting physician orders, dated did not contain any documentation that the resident was to receive , . ., and did not contain any orders for labs to monitor kidney function. The resident's admitting nurses' notes. . did not contain any documentation that the resident was to receive . The resident's admitting care plan. dated . did not contain documentation that the resident was to receive , . . , and did not contain interventions to quide care and to monitor kidney function A physician's order given by Nurse Practitioner (NP) C on , was to begin in-house on Tuesday, Thursday and Saturday starting on 1/ . The order was then discontinued before the resident received i. and an order was written to hold for seven days. // through 11/ . There were no orders for any lab work to monitor kidney function. at 12:15 PM, the director of nursing (DON) explained the process of the facility's

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"in-house"

to admission. Our

order for a resident to receive in-house, the

treatments. She said, "In

company had no

company has to

review their records and accept the resident prior

Agency for Health Care Adm	ninistration			PRINTED: 02/09/2017 FORM APPROVED
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	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	
	SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
{N 201} Continued From pa	nge 4	{N 201}		
record to begin PM, the DON confi	for Resident #4." At 1:10 rmed the resident was			
admitted to the faci	lity from a LTCH on			
along with docume	ntation the resident was			
receiving	at the LTC hospital. The			
DON indicated the	resident's last treatment for			
was				
indicated that the d	ischarge orders from the			
LTCH contained an	order to "hold the on			
," the day I	before Resident #4 was			
transferred to the fa	acility from the LTCH. The			
	spoke with the social worker			
at the LTCH and th	ne nephrologist, and			
	ent was removed from			
	d on improved kidney lab			
values.				
	7 PM, North Wing Unit			
	Practical Nurse (LPN) A, who			
had received the ne	w physician orders regarding			
for Re	esident #4, indicated she had			
called the facility's	physician on-call and had			
received the order	to start and "hold" the			
from	NP C. LPN A indicated she			
had called the facili	ty's on-call physician on			
, and recei	ved the order to start			
becau	use she did not see an order			
for it on the day the	resident entered the facility			
on . She s	aid the nurse took the order to			
hold the	for 7 days from NP C on			
	plained that she had called			
	mpany who would be			
performing the in-h				
treatments, and the				
her they had no rec				
treatment for Regid	ont #4 I DN A coid abo			

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inquiry.

informed NP C, and he gave her the order to hold for 7 days without any other orders or

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kidneys are working. A high level may mean your AHCA Form 3020-0001

Resident #4. NP C indicated any resident on is closely monitored and if the levels were becoming stable, the resident would have repeat labs to monitor the kidney function. He confirmed that he did not order any labs to evaluate resident #4's kidney function while she was not receiving any

level shows how well your

FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: R R WING 74809 01/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 CHAMADY STATEMENT OF DESIGNATION PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (N 201) {N 201} Continued From page 6 kidneys are not working as they should." (WebMD). NP C confirmed after reviewing records from the LTCH on nephrologist there had no intention of stopping. Resident #4's NP C said that he gave an order for on on 1/ then to hold i for 7 days based on the information provided by the facility. NP C also indicated he could not find any evidence that would indicate the was to be stopped, and if he had known that the was only on hold on would have ordered a STAT (immediate) ' consult, "I can only base my decisions on the information provided by the facility. I did not see this resident till Review of NP C's History and Physical. conducted on 1/ indicated he reviewed the resident 's medical record, including medications verified/reviewed, discussed with nurse. telephone orders reviewed, lab/ . hospital records reviewed. The visit note included AKI (acute kidney injury)/ (chronic kidney) history/of HD (). It did not include any assessment of kidney status or considering the need for NP C did not write any orders to check the resident 's kidney function even after he documented he reviewed the LTCH records on 1/ at 11:26 AM via telephone. Physician E vaguely remembered the resident from the LTC hospital and could not remember if the NP C had spoken with him prior to writing the "hold" order. He said, "I would hope (NP C) would consult with me prior to providing care and treatment."

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Resident #4, admitted to the facility with a

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thigh, unstageable DTI of the left upper back, unstageable DTI of the left lateral neck,

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE CO HE APPROPRIATE	(X5) MPLETE DATE	
(N 201)	Continued From pa	ige 8	{N 201}				
		the right lateral calf, and the right lateral head."	l an				
	conducted with the regarding resident: evidenced by the d wounds in one were resident specifically described Resident and did not open hresident was seen facility. Initially she located on the following visit, none developed nine add the care physician stated sh nad been on facility. When the the realized that this retail the shad been on facility. When the the were shad that the shad been on facility when the the realized that this retail and sould explain and was the shad been on facility. When the the well are the shad been on facility when the shad the shad been on facility when the shad been on facility when the shad the sh	#4's change in condition evelopment of nine addit k. She stated she saw It for Imanagement #4 to be in a vegetative er eyes. She confirmed to yher twice while at the saw her for one s sacral area, and then th week later, the resident h titional wounds. At that, this itional wounds. At that, this tisician said she called the process and #4 go to the emergency are. Thecare e was not aware residen prior to coming te care physician rev cords from the LTCH an sident did not have any for eleven (11) days sinc not receiving et creciving the trapid decline in thy Resident #4 had the all over her body within a wounds were Kennedy (KTU) is the	ional he i. She state he he he he t #4 t #4 t the de				
		ysician gave the orders t					

AHCA Form 3020-0001

STATE FORM 666 WZ3B12 If continuation sheet 9 of 10

Resident #4's Physician Consultation, dated

					FORM APPROVED
Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		74809	B. WING	ANA-ANA-ANA-ANA-ANA-ANA-ANA-ANA-ANA-ANA	R 01/20/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
(N 201)	Continued From pa	ige 9	{N 201}		
	hospital from the SI "Severe Azotemia a have a change in ri possibly along with Failure and Acidosi Resident #4 to beg with the prognosis "insufficient kidney Uremia is a "seriou kidney Uremia is a "seriou kidney uremia is a "seriou kidney are unable Acidosis "is a condi in the body flui resident received th transfer to the acut and expired on The facility policy" "Fread, "The resident by the physician or professional, of the proposed care, of tra alternatives or treat the alternative or of facility was unable tregarding The facility failed to function and provid The last time Resid was on monitoring of kidne	of "POOR". Azotemia means filtering." (Azotemia net). s complication of chronic an urea and other waste the body because the to eliminate them." (WebMD). titton in which there is too much dis." (Medlineplus.gov). The ospice care within 5 days of e care hospital on "/, and the complete are within 5 days of e care hospital on "/, and the complete are within 5 days of e care hospital on "/, and the complete are selected of the practitioner or risks and benefits of reatment and treatment ment options, and to choose other or she prefers." The to provide any policies care and treatment, monitor Resident #4's kidney elfes sustaining #4's kidney elfes sustaining #4's kidney.			

AHCA Form 3020-0001





, 2017

Administrator Avante At Orlando Inc 2000 North Semoran Boulevard Orlando El 32807

RE: CCR #2016012160 and 2016013398

Dear Administrator:

On 27 to .27 to .2016, a survey was conducted in your facility by representative(s) of this office. Your facility was found not in substantial compliance with the participation requirements. A partial extended survey was conducted on .2017

The findings of the survey revealed Immediate Jeopardy at

Your facility's noncompliance with F0309 -- S/S: J -- 483.24, 483.25(k)(l) -- Provide Care/services For Highest Well Being has been determined to constitute substandard quality of care as defined at \$488.301. Sections 1819(g)(5)(c) and 1919(g)(5)(c) of the Social Security Act and 42 CFR 488.325(b) require that the attending physician of the affected resident, who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator be notified of the substandard quality of care. In order for us to satisfy these notification requirements, and in accordance with \$488.325(g), you are required to provide this office with the name and address of the attending physician of the affected residents in your facility within 10 working days of your receipt of this letter. Please note that, in accordance with \$488.325(g), your failure to provide this information timely will result in termination of participation or imposition of alternative remedies.

List of affected resident(s): #4

As a result of the survey, this Agency is forwarding a copy of the CMS-2567 to the Centers for Medicare and Medicaid Services (CMS) and a copy of these results to you.





Avante At Orlando Inc 2017

Page 2

You will not receive a copy of this letter and attachments in the mail; you will only receive this electronic report.

CMS will communicate with you after they have received this documentation.

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to
 ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur. i.e., what quality assurance program will be put into place.

Our findings reflect that your facility continues not to be in substantial compliance since the survey of 2017.

The change in the seriousness of the noncompliance from the visit on has resulted in a change in the remedy/ies.

Recommended Remedies:

Remedies will be recommended for imposition by CMS or the State Medicaid Agency.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- Discretionary denial of payment for new admissions Medicare/Medicaid as soon as notice requirements are met.
- Termination of the Medicare Agreement effective, 2017.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 9-A Tallahassee, Florida 32308 FAX (850) 414-6946 Avante At Orlando Inc . 2017

Page 3

Phone number: (850) 412-4301 IDRCoordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://lahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

If you have questions, please contact Theresa DeCanio, RN at (407) 420-2502.

Sincerely.

Theresa DeCanio, RN Field Office Manager

Michelle Cillepanter por

tdc/mad Enclosure

TCTN